## PART B - FEE(S) TRANSMITTAL

APR	o 9 2007			or <u>Fax</u>	P.O. Box 1450 Alexandria, Virg (571)-273-2885	ginia 2231.		
INSTRUCTION This appropriate. All the indicated unless consomaintenance fee notifications.	form should be used correspondence including the form of directed of the form	for tran ng the I herwise	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUBLIC ders and notification a) specifying a new co	CATION FEE (if requot of maintenance fees orrespondence address	uired). Block will be maile s; and/or (b)	s I through 5 shed to the current indicating a separation	ould be completed where correspondence address a rate "FEE ADDRESS" fo
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P.O Box 2480 Hollywood, Fl 33022-2480 04/10/2007 SSITHIB2 00000013 10533757					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
01 FC:1501 1400.00 DP 02 FC:1504 300.00 DP					RALPH E. LOCHER (Depositor's name)			
0C FG:1304 300.00 UP					NO. 41,947 (Signature)			
					April 3, 2007	<del> </del>		(Date)
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/533,757 05/04/2005 TITLE OF INVENTION:				Stephan Bolz S4-02P18276 6708				
	T							US TRANCEIVER
APPLN, TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	JE FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$	1400	\$300	\$0		\$1700	04/03/2007
EXAMINER		<u> </u>	ART UNIT	CLASS-SUBCLASS				
BENENSON, BORIS 2836 361-119000								
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys							1 Laurence A	A. Greenberg
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,				
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3. ASSIGNEE NAME A	ND RESIDENCE DAT.	4 ТО В	E PRINTED ON 1	THE PATENT (print o	r type)			
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recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Siemens Akti Please check the appropr	iengesellschaft iate assignee category o	catego	ries (will not be pr	Münch inted on the patent):	en, Germany Individual	orporation or	other private grou	up entity Government
4a. The following fee(s)	are submitted:		<b>4</b> b	. Payment of Fee(s): (		ny previousl	y paid issue fee s	hown above)
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nterest as snown by the	records of the Dalled Sta	res bate	nt and Trademark	Office.				
Authorized Signature	1/4A	LPH	E. LOCHE		Date April	RALPH	E. LOCHE	
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